## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000037088 (7)

FRANK'S TRAINS & HOBBIES, INC.

**FILED** Feb 27 1998 8:00am Secretary of State

| Principal Place   | of Business   | Mailing Address                          | Mailing Address     |                      |           |  |                |            |
|---|---|--|---------------------|----------------------|-----------|--|----------------|------------|
| 110 PINE AVE S<br>OLDSMAR FL 34677<br>US  |   | 110 PINE AVE S<br>OLDSMAR FL 34677<br>US |                     |                      |           | DO NOT WRITE IN THIS SI  | PACE           |            |
| 03  |   | US                                       | 03                  |                      |           | 3. Date Incorporated or Qualified  |                |            |
|   |   |  |                     |                      |           | 04/25/1996   |                |            |
| 2. Principal Pl   | ace of Business   | 2a. Mailing Address                      | 2a. Mailing Address |                      |           | 4. FEI Number  | A              | pplied For |
| 21  |   | 26                                       | 26                  |                      |           | 59-3380219   | Not Applicable |            |
| Suite, Apt. i   | #, etc.   | Suite, Apt. #, etc                       | Suite, Apt. #, etc. |                      |           | 5. Certificate of Status Desired   | \$8.75         | Additional |
| 22  |   | 27                                       |                     |                      |           | 6. Certificate of Status Desired   | Fee R          | equired    |
| City & State  | •   | <b>⊢</b> , ′                             | City & State        |                      |           | 6. Election Campaign Financing   |                | May Be     |
| 23  |   | 28                                       |                     |                      |           | Trust Fund Contribution  |                | to Fees    |
| Zip   | Country   | Zip                                      | <b>⊢</b>            | Country              |           | This corporation owes or has paid the curre                                  |                |            |
| 24  | 9. Name and Address of Curre                            | ot Registered Agent                      | 30                  | 1                    |           | Personal Property Tax due June 30.  10. Name and Address of New Registered A |                | No         |
|   | <del></del>   | ili riogistorea Agorit                   |                     | B1                   | Name      | 10, reside and Address of their fregistered A                                | you            |            |
| JACKSON, FRANK<br>1724 LAWRENCE DRIVE   |   |  |                     | B2                   |           |  |                |            |
|   |   |  |                     |                      | Street Ad | Street Address (P.O. Box Number is Not Acceptable)                           |                |            |
| CLE   | ARWATER FL 34619  |  |                     | 83                   |           |  |                |            |
|   |   |  |                     |                      |           |  |                |            |
|   |   |  |                     | 84                   | City      | FL   | <b>85</b> Zip  | Code       |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |  |                     |                      |           |  |                |            |
| SIGNATURE Signature, typod or printed harve of registerial agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE   |   |  |                     |                      |           |  |                |            |
| Signature. Hypod or promed name of registered agent and tilled it grade white (NOTE Registered Agent signature required when reinstating)  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   |   |  |                     |                      |           |  |                | RS IN 12   |
| TITLE   | <del>ngapana na mana mana ana ana ana ana ana ana</del> |  | 1.1 TITLE           |                      |           | Change   | Addition       |            |
| NAME  |   |  | 1                   | 1.2 NAME             |           |  | _              | _  ;       |
| STREET ADDRESS  | A A A A A A A A A A A A A A A A A A A                   |  |                     | 1.3 STREET ADDRESS   |           | •  |                |            |
| CITY-ST-ZIP   | OLEANULERO EL OLOGA                                     |  | OTY-S1              |                      |           |  | [              |            |
| TITLE   | DV  |  |                     | ITLE                 |           |  | Change         | Addition   |
| NAME  |   |  | IAME                |                      |           |  |                |            |
| STREET ADDRESS  |   |  | TAEET               | ADDRESS              |           |  |                |            |
| CITY-ST-ZIP   | ALEADYMETED EL ALAGA                                    |  | 2.41                | 2. 4 CITY - ST - ZIP |           |  |                |            |
| TITLE   | STD DELETE 311  |  |                     |                      |           | Change   | Addition       |            |
| NAME  |   |  | IAME                |                      |           |  |                |            |
| STREET ADDRESS  | 2429 FAIRBANKS DRIVE                                    |  | 3.3 5               | TALET .              | ADDRESS   |  |                | -          |
| CITY-ST-ZIP   | CLEARWATER FL 34624                                     |  |                     | CITY-S               | T-ZIP     |  |                |            |
| TITLE   | DELETE 4.1  |  | TLE                 |                      | I         | Change   | Addition       |            |
| NAME  |   |  | 4.21                | NAME                 |           |  |                | - 1        |
| STREET ADDRESS  |   |  | 4.3 \$              | TREET .              | ADDRESS   |  |                |            |
| CITY - \$1 - ZIP  |   |  |                     | ITY-ST               | - ZIP     |  |                |            |
| TITLE   |   | ☐ DELET                                  | E 5.1 T             | TLE                  |           |  | Change         | ☐ Addition |
| NAME  |   |  | 5 2 N               | IAME                 |           | •  |                |            |
| STREET ADDRESS  |   |  | 535                 | TREET .              | ADDRESS   |  |                | - 1        |
| CITY-ST-ZIP   |   |  |                     | ITY-SI               | - ZIP     | <u> </u>   |                |            |
| TITLE   |   | ☐ DELET                                  | E 611               | ITLE                 |           | Γ  | _ Change       | ☐ Addition |
| NAME  |   |  | 6.2 N               | AME                  |           |  |                |            |
| STREET ADDRESS  |   |  | 6.3 \$              | TREET                | address   |  |                | 1          |
| CITY-S1-ZIP   |   | <del></del>                              | 6.4 0               | ITY-SI               | -ZIP      |  |                |            |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the coreiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

DEBBIE BARRY

813-855-1041